

OSCAR REPORT 3
HISTORY FACILITY PROFILE

PINE RIDGE CARE CENTER
433 EAST 2700 SOUTH
SALT LAKE CITY UT 84115
STATE'S REGION CODE: 001

PROVIDER #: 46A047
PHONE NUMBER: (801) 487-2248
PARTICIPATION DATE: 02/01/1991 CERTIFIED: 41

FACILITY BEDS
TOTAL: 41
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/07/2003

TOTAL: 22
MEDICARE: 0
MEDICAID: 15
OTHER: 7

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 41

18 18/19 19 ICF/MR
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41

CURRENT SURVEY REVISIT DATES - 06/24/2003

PRIOR 3 SURVEY 11/2001	S/S CODE	PRIOR 2 SURVEY 05/2002	S/S CODE	PRIOR 1 SURVEY 11/2002	S/S CODE	CURRENT SURVEY 05/07/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D								REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
						X C	D	06/16/2003	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	D	06/16/2003	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
									REQ F0241-DIGNITY
		X	E		B				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	C	06/16/2003	REQ F0272-COMPREHENSIVE ASSESSMENTS
						X C	B	06/16/2003	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
									REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D		D				REQ F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
		X	B						REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	D			X C	D	06/16/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	H	X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	F			X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	D	06/16/2003	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
						X C	D	06/16/2003	REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
									REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E					X C	E	06/16/2003	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E						REQ F0494-NURSE AIDE TRAINING/COMPETENCY
				X	D				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	E	X C	D	06/16/2003	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	D						REQ F0520-FACILITY MAINTAINS QA COMMITTEE

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
11/2001 05/2002 11/2002 05/08/2003

X			X C	05/21/2003
		X		
			X C	05/19/2003
X	X		X C	05/12/2003
		X		
	X	X	X C	05/19/2003
X	X	X	X C	05/09/2003
X		X		
		X	X C	05/21/2003
	X			
	X			

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0029-HAZARDOUS AREAS - SEPARATION
K0046-EMERGENCY LIGHTING
K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORTABLE FIRE EXTINGUISHERS
K0074-COMBUSTIBLE CURTAINS
K0076-MEDICAL GAS SYSTEM
K0130-OTHER

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	9	5	8	4
HEALTH TOTAL	9	5	8	4
LIFE SAFETY CODE	6	6	5	4
LIFE SAFETY CODE + HEALTH	15	11	13	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/18/2003	UNSUBSTANTIATED
02/25/2003	UNSUBSTANTIATED
03/10/2003	UNSUBSTANTIATED

05/07/2003

UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY